

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

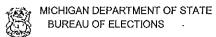
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Statement covers: fro	_m 01/01/14	_ to 07	7/20/14			
1. Committee I.D. Number		4. Candidate Last Name	First N	lame		M.I.		
14074		Hickner	Thomas			L.		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable) County Executive						
Tom Hickner for County Exe	4b. County of Residence BAY							
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address					
4821 E. Westgate Drive		Thomas L Hickner						
Bay City MI 48706		4821 E. Westgate D	rive					
		Bay City MI 48706				erio de la compansión de La compansión de la compa		
(000) 000 4570								
Area Code and Phone (989) 992-4579 If the address in this box is different from the comm	ittee					* * * * * * * * * * * * * * * * * * *		
mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone (989) 99	2-4579					
7. Treasurer's Business Address		Designated Record Keeper		Address	(If the co	mmittee has a		
		Designated Record Keeper)	3 Marile and Maining 7	radicos i	(11 (110 00)	Tantaco nao a		
515 Center Avenue		n/a	£***			4.		
Suite 401 Bay City MI 48708			r i	O m	~			
Bay City Wil 40700						√⊢ ™		
					治 :			
			3	* 1	7 S			
Area Code and Phone		Area Code and Phone	, s:	e Constantia	<u> </u>			
9. TYPE OF STATEMENT	Required ON	ILY if candidate	9e. Dissolution of	Candida	ite Comi	11(100		
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	By checking this item I/We certify any outstanding deb by the committee to the candidate or his or her spouse is h by discharged and forgiven and no longer collectible from					
Pre-Election or Post-Election Statement relates to:	□ July Quart	erlv	the committee. The	committe	ee has no	outstanding assets,		
☐Primary		,	owes no lates fees or	nas any	/ outstand	ang debt.		
General	October Q	uarterly	Further, if the dissolu considered a request	ition cani	not be gra	anted, that this be		
Convention			considered a request	for the F	Reporting	Waiver.		
Special	9c. 🗀 .							
	Annua	I Statement () Coverage Year	Effective d	ate of dis	ssolution			
School	Amen	dment to Campaign Statement						
Caucus	(Comp	olete Item 9a, 9b, 9c or 9e to	Note: The disposition	n of resid	dual funds	must be reported on		
	indica	te which Statement is being led.)	Note: The disposition of residual funds must be reposited and the Summary Page.			, made 50 /0pantar an		
Data of Floritary Opening Hands on Opening		·						
Date of Election, Convention or Caucus								
10. Verification: I\We certify that all reasonable dilige	ance was used	in the preparation of this stateme	ent and attached sche	dules (if	anv) and	to the best of		
my\our knowledge and belief the contents are true,	accurate and co	emplete.	and attached oone	aaloo (ii	arry, arra	to the book of		
Current Treasurer or Thomas L. Hi	cknor				0	8-2014		
Designated Record Reeper		1 Sthnorum		- Date		<u></u>		
Type or Print Name		Signature						
Candidate Thomas L. Hickner		MA		Date	9-	8-2014		
Type or Print Name		Signature						

1. Committee I.D. Number 14074

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Tom Hickner for County Executive

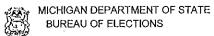
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	E 40E 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 5,495.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	ΦE 405 00
c. Subtotal of "Contributions"	(3c.) \$ \$5,495.00	(18.) \$ \$5,495.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$5,495.00	(20.) \$ \$5,495.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,550.88</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$2,550.88	(23.) \$ \$2,550.88
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$2,934.25	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$2,934.25	(24.) \$ \$2,934.25
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
13. Ending Balance of last report filed	BALANCE STATEMENT (13.) \$_\$960.84	_
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$5,495.00	_
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ \$6,455.84	
16. Amount expended during reporting period	(16.) - \$ \$5,485.13	
(Add lines 9 and 11) 17. ENDING BALANCE	¢070.74	- ★
(Subtract line 16 from line 15)	(17.) \$ \$970.71	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nu	imber	
2. Committee Name	Tim Hickory for	i Couly Exection

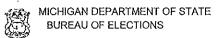
	ox to indicate if con	tribution is fi	om a Political Committe	ter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES	Date of Receipt	4-3-14	- · · · · · · · · · · · · · · · · · · ·	
Doug Wirt 226 Althone Bay City, M					\$ 100	§ 100°°
5. B					Click Here fo	or Memo Itemization
Оссирации			DI			
Business Address		<u> </u>	 			
Type of Contribution:	Direct	Loan fi	om a person	Fund Raiser	·	·
Contribution #2 Name	PAC Receipt?	YES	4. Date of Receipt	3-9-14		
Terry/Diane 2696 S. We Bay City, A	stgate				\$ 50-	_{\$} 50
5. If					Click Here fo	r Memo Itemization
Occupation		_ Employer.				
Business Address				·	. •	
Type of Contribution: [Direct	Loan fro	om a person	Fund Raiser	·	
3. Contribution # 3 Name & Cric Welsi 4095 Cam # 1 Bay City, 5. If ov		s 25 Click Here for	\$ Memo Itemization			
Occupation		_ Employe	r			
Business Address			·			
Type of Contribution:	Direct	Loan fr	òm a person	Fund Raiser	1	
3. Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date of Receipt	3-13.14		·
93 River	gy Watson Frail MI 48706				\$ 92 00	\$ 25
5. If ov					Click Here for	Memo Itemization
Occupation		_ Emplo	oyer		- Glior Horo for	Mono Romzadon
Business Address						
Type of Contribution:	Direct	Loan fr	om a person	Fund Raiser		
Page of 29				Page Subtotal d Total of All Schedules 1A e on last page of Schedule)	Enter this total on line 3a of Summary Page.	



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1. Committee I.D. Number	14074
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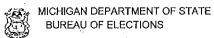
C	ANDIDATE C	O	MMITTEE		2. Committee Name		
Enter contributor's nam middle initial. Check b Committee (PAC) Repo	ox to indicate if conti	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)				
3, Contribution # 1 Name & Address:	Kenneth Peterse 3058 Lantern C Bay City, MI	our n	L	·- ·)	4-14-14	\$ 100	_{\$} 100
5. If over \$100.00 c						Click Here fo	or Memo Itemization
Occupation		_ E	mployer			Ollok Floro	or morno normadion
Business Address	·				/		
Type of Contribution:	Direct		Loan from a person	<u>K</u>	Fund Raiser	-	
3. Contribution #2 Name & Addre	PAC Receipt?]	YES 4. Date of	Receipt	4-25-64		
525 S I	Sharon Janicke inwood Beach d, MI 48634					\$ 20	\$ 50
5. If over \$1(Click Here fo	r Memo Itemization
Occupation		Em	ployer				
Business Address							
Type of Contribution:	Direct		Loan from a person	X	Fund Raiser		
3. Contribution # 3 Name & Addresh	PAC Receipt?		YES 4. Date of	f Receip	4-23-14		•
3475 F	anne Gilbert Highland ity, MI 48706					s los	\$sr Memo Itemization
5. If over \$101						Click Here to	Memo itemization
Occupation		Е	mployer	<u></u>			
Business Address	Trum [_		\rightarrow			
Type of Contribution:	Direct		Loan from a person	<u> </u>	Fund Raiser		
114 Ń	PAC Receipt? /Marie Hayes Sheridan ty, MI 48708		YES 4. Date o	of Recei	ot 4-5-14	. 100	. 100
5. If over \$1	•						\$
Occupation		_	Employer			Click Here for	Memo Itemization
,			, ,				
Business Address Type of Contribution:	Direct	$\overline{}$	Loan from a person	A	Fund Raiser		
		_		Ļ	Page Subtotal	350. UV	
				Grai (Comple	nd Total of All Schedules 1A ete on last page of Schedule)	· ·	
Page 2 of 2	•					line 3a of Summary Page.	·



CANDIDATE COMMITTEE

1, Committee I.D. Number	14074

CANDIDATE		2. 00	ommittee Name		
Enter contributor's name and address. If middle initial. Check box to indicate if con Committee (PAC) Report all contributions	tribution is from a Political			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name &	YES 4. Date of	of Receipt	3-3-17		
Gene/Lydia Lehnhardt 4870 Appletree Ln. Bay City, MI 48706				\$ 25 -	\$ 25
5. If o'				Click Here fo	or Memo Itemization
Occupation	⊨тргоуег/				
Business Address		- 			
Type of Contribution: Direct	Loan from a person	Fund	Raiser		
3. Contribution #2 PAC Receipt? Name & /	YES 4. Date of	f Receipt	?-7-14		
Kathleen A. Leikert 3304 Evergreen Baý City, MI 48706				\$ 25-00	s 25
5. If ove 30 45 45 45				Click Here fo	r Memo Itemization
Occupation	Employer				
Business Address	-		<u> </u>		
Type of Contribution: Direct	Loan from a person	Fund	d Raiser		
3. Contribution # 3 PAC Receipt? Name & Arabical PAC Receipt?	YES 4. Date	of Receipt	3-21-14		
Don/Rita Hare 2920 Blueberry Place Saginaw, MI 48603				5 <u>25</u> ~	\$ 25
5. If over			•	Click Here for	Memo Itemization
Occupation	_ Employer				••
Business Address Type of Contribution: Direct	Loan from a person	Fun	d Raiser		
3. Contribution # 4 PAC Receipt? Name &	YES 4. Date	of Receipt	3-15-14		
Jim/M.J. Koski 4050 hackett Road Saginaw, MI 48603				£ 50 -	<u>\$</u> 50
5. If ov				Click Here for	Memo Itemization
Occupation	Employer	*		4	
Business Address	Loan from a person	Fund	Raiser	·	
		 	Page Subtotal	125,00	
•			al of Ali Schedules 1A ast page of Schedule)	_	
Boom 3 of 7°1		/oumplete on	aut page of ourecode)	Enter this total on line 3a of Summary Page.	•



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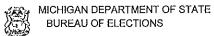
CANDIDATE COMMITTEE 2, Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-13-14 Name ? Jerry/Wanda Dziwura Somalski 1147 N. Pine Road Essexville, MI 48732	\$ 100 00	_s 100
5. If or Occupation Employer	Click Here fo	r Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3 5 14 Name & A Richard/Marilyn Somalski 1630 N Southeast Boutell Essexville, MI 48732 5. If over	\$ 100 Click Here fo	ş <u>اوں</u> r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
S. Contribution #3 PAC Receipt? YES 4. Date of Receipt 313-14 Joe/Joann Sheeran 1206 Wilderness Ct. Essexville, MI 48732 5. If over: Occupation Employer	S 100 Click Here for	§ √o ○ Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
S. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3-//-/\(\sigma \) Name & Addron- Jim/Denise Schell 1586 St. Marys Court Essexville, MI 48732	5 Ji Us	s 25
5. If over	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 24	Enter this total on line 3a of Summary Page.	



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1. Committee I.D. Number	14074
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CANDIDATE CONTINUTTIES 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-13-14 Name Eric/Bev Zimostrad 1105 Maple Essexville, MI 48732	,5000	s 50
5. If (Olista I I sus de	
Occupation	Click Here to	r Memo Itemization
Business Address		•
Type of Contribution: Direct Loan from a person V Fund Raiser		
Mark/Renee Van Poppelen 800 Wells Court Bay City, MI 48708	s 100 -	\$ 10 G
5. If	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		,
Type of Contribution: Direct Loan from a person X Fund Raiser		•
Accontribution #3 PAC Receipt? YES 4. Date of Receipt 3-13-17 Name Frank/Nancy Quinn 4110 Creekwood Cir. Bay City, MI 48706-5647 5. If Occupation Employer	\$ 25 00 Click Here for	\$ 25 Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 3-1-14 Jame & Address Carrie/Scott Peterson 401 Center Avenue Suite 150 Bay City, MI 48708 i. If over Occupation Employer	S UU UU Click Here for	ş) υ υ Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		-
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	



. Committee I.D. Number	14074	 •

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's nai middle initial. Check I Committee (PAC) Rep	oox to indicate if con	tribution is fro	m a Political C		er last name, first name, or an Independent	6.	Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES	4. Date of	Receipt	3-12-14			•
Name Joel/Mi	chelle Strasz							
417 Fil	more Place	1000					7-4"	j
Bay Cu	y, MI 48708-0	1000				\$_	00	\$ 03
5. If (4)		•				1,	Click Horo fo	r Memo Itemization
Occupation	*	Employer				-	Olick Liele ic	Nemo Remization
Business Address					· <u></u>			
Type of Contribution:	Direct	Loan fro	m a person		und Raiser			
3. Contribution #2	PAC Receipt?	YES	4. Date of	Receipt _	3-1-14	_		
Name & Mike/Kim 2315 Vina	Dodge							
	MI 48708	-					75-06	2
						\$_	9-7	\$ 70
		•					Oliak Liana fa	- Mama Itamization
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Occupation		_ Employer_			· · · · · ·			
Business Address				/				
Type of Contribution:	Direct	Loan from	n a person	∇	Fund Raiser			
3. Contribution # 3	PAC Receipt?	YES	4. Date of	Receipt	3-11-14			
Name Ralph Isacl			Ì	_				
	ngton Avenue on Building					s	25 00	. 25
Bay City,						Ψ		\$ 0 0
5. if () () () () () ()						•	Click Here for	Memo Itemization
Occupation		_ Employer						
Business Address	Disease	<u> </u>			P 1 P 1			
Type of Contribution:	Direct		m a person		Fund Raiser	- 4,		
3. Contribution # 4 Name & ^	PAC Receipt?	YES	4. Date of	Receipt	3-5-17			
Art Dore)					
PO Box 1 Bay City	46 MI 48707						11012 00	. 100
, 01.5,	1111 40707				•	€	100	\$
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Occupation		r:mpio;	/eı			_		
Business Address								
Type of Contribution:	Direct	Loan fro	m a person	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Fund Raiser			
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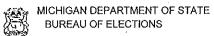
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 140

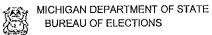
14074

CANDIDATE COMMITTEE 2. Committée Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-15-19 Stephen/Dena Wirt		
196 Athlone Beach Bay City, MI 48706	\$ 10000	\$ 100
5. If c	Click Here fo	or Memo Itemization
Оссирания		
Business Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3 - 4 - 1 YES		
William W./Carol Wright 1513 Raymond St. Bay City, MI 48708	\$ 30 00	ş 30
5. If o	Click Here fo	r Memo Itemization
Occupation Employer	-	
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-13-14		
Howard/Julie Wetters 1866 Wetters Road Kawkawlin, MI 48631	\$ 50	s 50
5. If or	Click Here for	Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	·	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3-13-14 Name & Address Cristen Gignac		
1200 Center Apartment 5 Bay City, MI 48708	\$ 50 -	s 50
5. If o\	Click Here for	Memo Itemization
Occupation Employer		
Business Address		,
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A		1
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1. Committee I.D. Number 470 74

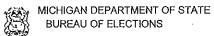
CANDIDATE COMMITTEE 2. Committee Name	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 3-11-1	7
Nam Mark/Deanne Berger	- ·
2235 Carroll Rd. Bay City, MI 48708	519
Day City, 1411 40700	\$ 25 - \$ 25
5. IV ·	Click Here for Memo Itemization
Оссырация штргоуст	
Business Address	_
Type of Contribution: Direct Loan from a person Y Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-13-1	7
Name Larry/Mimi Boon	
800 Thompson Essexville, MI 48732	\$ 50° \$ 50
5. If (Click Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	-
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-3-17 Name Melvyn/Myrna Adelman 401 Meadow Dr	- OA
Essexville, MI 48732	\$ 20
5. If	- Click Here for Memo Itemization
Occupation Employer	
Business Address	- -
Type of Contribution: Direct Loan from a person Y Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3-13-1	7
Jerry Cole 2309 Gysin Ct.	n - UV
Bay City, MI 48708	s 25 s 25
5. If o\	Click Here for Memo Itemization
Occupation Employer	<u> </u>
Business Address	
Type of Contribution: Direct Loan from a person Tund Raiser	
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Page 8 of 24	Page.



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CANDIDA	4 I E U		156

2. Committee Name

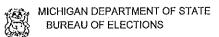
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt	_
Name & Address:	
	2
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-13-14	_
James/Vicki Barcia	1210
3190 Hidden Rd. Bay City, MI 48706-1203	\$ 25= \$ 25
5. If	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3, Contribution # 3 PAC Receipt? YES 4. Date of Receipt	
Name & Address:	_
	\$ s
	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3-14-14	<u></u>
Name & / Boyd/Mary Boettger	A.V.
505 Harold Bay City, MI 48708	. (0)
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Occupation Employer	- ·
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Type of Contribution: Direct Loan from a person Fund Raiser	
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CANDIDATE COMMITTEE

. Committee I.D. Number	14014	
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-3-14 William/Laurie Berner 271 Donahue Bch. Dr.	100	
Bay City, MI 48706	\$ 100	\$ 00
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Business Address		
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-14-14		
Patsy Brock 200 S. Wenona	\$ 20 00	<u>50</u>
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Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 3 - 5-17		
Tim/Beth Boutell 855 S Linwood Beach Linwood, MI 48634 5. If over {	s Juo	\$ / \(\omega\) Memo Itemization
Occupation Employer	-	
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3-4-14 Name & Addi William/Marian Gregory 264 Jennison Place Bay City, MI 48708-5699	\$ 25-00	, 25
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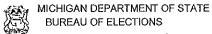
1. Committee I.D. Number

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CANDIDATE	COMMITTEE
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2. Committee Name

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Mike/Sandy Buda 526 Handy Dr Bay City, MI 48706	\$ 25 00 8 25
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Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
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Bruce Cook 702 Frost Drive Bay City, MI 48706	s 25 coc s 25
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Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Y Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 93-14-15	7 - 00
Troy Cunningham 5209 Prarie Creek Bay City, MI 48706 5. If	S S S S S S S S S S S S S S S S S S S
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Pat Beson 1946 B River Rd Kawkawlin, MI 48631	\$ 50 <u>co</u> \$ 20
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CANDIDATE	COMMITTEE	

2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 7. Cumulative for 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt - 4-14 Name & / Robert Frank 3858 S. Graham Saginaw, MI 48809--977 \$ /00 00 100 5. If ove Click Here for Memo Itemization Occupation _ Business Address _ Type of Contribution: Direct Fund Raiser Loan from a person PAC Receipt? 4. Date of Receipt 3. Contribution #2 Name & Bill/Elaine Fournier 1020 N. Water Street Bay City, MI 48708 Click Here for Memo Itemization 5. If ove Employer_ Occupation _ Business Address Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & A/ Harry P./Konnie Gill Jr. \$ 100000 90 3030 W Riverview Dr Bay City, MI 48706-1347 Click Here for Memo Itemization 5. If over Employer Occupation Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Ken/Michele Grzegorczyk 2889 Queen Annes Ct. 05 Bay City, MI 48706-3067 5. If over -Click Here for Memo Itemization Occupation Business Address Type of Contribution: Fund Raiser Direct Loan from a person Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)

Page 12 of 79

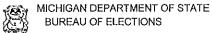
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CANDIDATE COMMITTEE

1. Committee I.D. Number	14074	

CANDIDATE COMMINITIES 2. Committee Na	ime
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Walt/Marty Fitzhugh 3077 Oakwood Ct.	s loo s loo
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Gene Gillette Ed. D. 200 N. Chilson Bay City, MI 48706	\$ 25 °°° \$ 25 Click Here for Memo Itemization
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Business Address	
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David Dittenber 12813 Hotchkiss Road Feeland, MI 48623-9360	\$ 100 00 \$ 100
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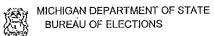
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14074 1. Committee I.D. Number

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Michael/Ida F 2322 Bay Wo Bay City, M	ods Court					s_00 =	ş <u> </u>
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Marty/Jackie 609 Glenview Pinconning,		3				\$ 50 00	\$ 50°
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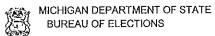


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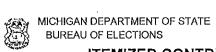


1.	Committee	I.D.	Numbe

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CANDIDATE COMMITTEE		2. Committee Name
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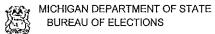
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3. Contribution # 1 PAC Receipt?	YES 4. Date of Receipt 3-13-19	<u> </u>
Name Erl Kivisto		
1277 Cecelia Rd. Essexville, MI 48732		2500 . 25
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Business Address		
Type of Contribution: Direct	Loan from a person Fund Raiser	
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Thomas Kinney		6 6
1400 W Borton Essexville, MI 48732		50 ⁰⁶ 5 50
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Type of Contribution: Direct	Loan from a person \(\sum_{\text{1}} \) Fund Raiser	
3. Contribution #3 PAC Receipt?	YES 4. Date of Receipt 3-14-14	
Name Jean Learning		
37 E Sharlear Drive Essexville, MI 48732		\$ 25 - s 25
Essexville, Mil 48732		· · · · · · · · · · · · · · · · · · ·
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Business Address		
Type of Contribution: Direct	Loan from a person	
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Name Janelle Lake		
1508 4th Street Bay City, MI 48708		3_00 1-
Bay Chy, 141 40700		\$ 25 - \$ 25
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1. Committee I.D. Number	14074
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CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 2-3-17 Name & Address: Thomas/Mimi Laporte 2230 Groveland Rd. Bay City, MI 48708	s 100 =	s Joo
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Business Address		
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Or. John/Suzanne Ley 7492 Cypress Pointe Bay City, MI 48706-9306	s_50 co	\$ 50
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Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser		
A. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-25-) Michigan Laborers' PAC 1118 California Way, Suite 100 Lansing, MI 48917928	\$250 06 Click Here for	ş_ <u>∂5υ</u> Memo Itemization
Occupation Employer		
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Bob/Kathryn Pilarski 1963 Hatch Rd. Bay City, MI 48708	50 <u>00</u>	, 50
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1. Committee I.D. Number 14074

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Christopher Izworski 3125 Oakbrook Way Bay City, MI 48706				\$ 2500	_s 25
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Melvin/Kay McNally 2081 S Fraser Kawkawlin, MI 4863	I.	·		\$ 50	s 50
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Saginaw, MI 48638					<u> </u>
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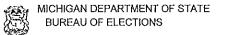
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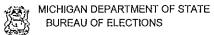
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Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
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Name Robert/Mary Miles 705 Park Ave Bay City, MI 48708	s 25 s 25 Click Here for Memo Itemization
, [†]	
Occupation Employer Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
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Rame Nancy McDonough 607 Nurmi Ct. Bay City, MI 48708	s/00° s/00
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CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-13-10 Namr Jeff/Michelle Mayes 4297 Zander Dr. Bay City, MI 48706 5. If	\$ 00 - 3	100
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Rodney/Marilyn McFarland 601 N Wenona St		
Bay City, MI 48706	2 30 = 2	35
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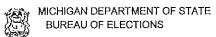


1. Committee I.D. Number 14074

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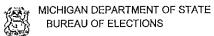
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Scott/Doreen Newcombe 5616 Firethorne Drive Bay City, MI 48706 5. If (S 50 S S U
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Laura Ogar 601 N. Hampton Bay City, MI 48708	\$50 - \$50
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Committee I.D. Number	14074

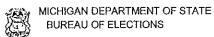
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Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	£	 \$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 22 of 29	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number	178	14	
		•	

CANDIDATE CONTINITIEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-8-17 Name ' Dave/Dolores Rogers		
4659 Dale Ct. Bay City, MI 48706	\$ 100 00	\$ 100
5. If c Occupation	Click Here f	or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3 1 1 1 1	·	
Name 1		•
Juli Reynolds	80	-
370 Revilo Bay City, MI 48706	<u>\$ 50 - </u>	\$ 50
5. If c	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address	•	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-13-14		
Robert/Lori Redmond 201 N Mountain Bay City, MI 48706	\$ 100	\$ 00
5. if o	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser	,	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3-12-17		
Brian Redmond 11 Bayshore Dr Bay City, MI 48706	\$ 100	\$ 100
5. If c	Click Here fo	r Memo Itemization
Occupation Employer	Ollok Here to	
Business Address		
Type of Contribution: Direct . Loan from a person X Fund Raiser		
Page Subtotal	350	
Grand Total of All Schedules 1A		- .
(Complete on last page of Schedule)	Enter this total on	Ŀ
73 , 79	line 3a of Summary	



1. Committee I.D. Number _	
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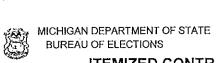
1	40	74	

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3 - 12-) Y Name 8 Steve/Marjorie Rogers 212 Spring Creek Place NE Albuquerque, NM 87122	\$ 50 °° \$ 50	_
5. If ov Occupation Employer	Click Here for Memo Itemization	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-14-14		
Michele Reilly 1701 Helen St. Bay City, MI 48708	; 25°° ; 25	-
5. If a	Click Here for Memo Itemization	
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
A. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-1-1-4 Name Mike/Debra Russell 1574 St. Mary's Ct. Essexville, MI 48732	\$ 50 = \$ 50	
5. If	Click Here for Memo Itemization	
Occupation Employer	-	
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser		
		-
R. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3-29-(4) Name & Paul/Peggy Rowley PO Box 1115 Bay City, MI 48707	s 25° s 25	
5. If ov	Click Here for Memo Itemization	
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	al 150	

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

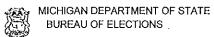
Page <u>24 of 29</u>



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1. Committee I.D. Number	14074

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3~13~14 Nam Jeff Sawyer Great Lakes Renewable Energy 414 S. Henry	\$ 20 no	, 5u
Bay City, MI 48706 5. II		
Occupation Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-17-14		
L.S. Sayen 209 Warner Street Bay City, MI 48706	s 25°°°	\$_25
5.	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		,
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-14-14		
Lydia Solinski 403 E. Salzburg Bay City, MI 48706	\$ 75^{00}	s 25
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3-14-14		
Brandon/Kristin Short 3306 Fraser Road Bay City, MI 48706	\$ 6000	<u>\$ 60</u>
5.	Click Here for	Memo Itemization
Occupation Employer		-
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



Committee I.D. Number	14074	

SOMEDULE IA		
CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumutative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	•	
	5	
	s —	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Horo	for Memo Itemization
Occupation Employer	Click Here	or wello ternization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-14-15 Name & Adr Mike Stodolak Independent Bank	2-00	25
623 Washington Avenueu Bay City, MI 48708	\$ <u>00</u>	\$ V •
5. If over \$	Click Here f	or Memo Itemization
OccupationEmployer		
Business Address	•	
Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3.10-17	-	
Andrea Studders 215 Ames St Bay City, MI 48708	\$ 25 -	\$ 25
5. If over t	Click Here fo	or Memo Itemization
Occupation Employer	÷	
Business Address Type of Contribution: Direct Loan from a person Y Fund Raiser		
	**	
All Date of Receipt 3 - 13 - 14 Name & Address Marlene Sundberg 609 N. Trumbull Street	7. 00	2~
Bay City, MI 48708	\$ \$ 7	\$ 60
5. If over \$1	Click Here fo	r Memo Itemization
Occupation		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	75	
Grand Total of All Schedules 1A	-	
(Complete on last page of Schedule)	Enter this total an	

Page 26 of 29

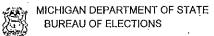
Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number	14017	•
•		

CANDIDATE COMMINITIES 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-14-14 Name \(\) Donald/Angela Scherzer 5470 4 Mile Road Bay City, MI 48706	s /00 00	, 100
5. If o	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-13-17		
Peter Seward 5610 W. Spring Knoll Drive Bay City, MI 48706	\$ 50 -	\$ 50
5. If ove	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address	•	
Type of Contribution: Direct Loan from a person X Fund Raiser		
S. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-13-14 Name & A Lewis Seward 1009 Washington Ave Bay City, MI 48707-0795 5. If over	\$ 75 - Click Here for	\$75 Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
R. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 35,00	\$ 25
5. If or	Click Here for	Memo Itemization
Occupation Employer	0.101.11010101	
Business Address		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule).	Enter this total on line 3a of Summary	



$C\Delta$	NΠ	ע חווי	TF	COM	MITTEE

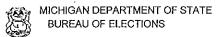
1. Committee 1.D. Number	14017	
	· ·	

· C	ANDIDATE (COMMIT	ГЕЕ	2	. Committee Name		
Enter contributor's nammiddle initial. Check be Committee (PAC) Repo	ox to indicate if cont	ribution is fro	m a Political Co			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES	4. Date of R	eceipt _	3-6-14		
Linwood, M	od Beach Road					\$ 100 00	\$ 100
5. If (Occup			.) ··			Click Here f	or Memo Itemization
	•	_ Embloze					
Business Address Type of Contribution:	Direct	Loan froi	n a person	X F	und Raiser		
3. Contribution #2	PAC Receipt?	YES	4. Date of Re	1/2			
Name & Address	.,,,,,						
							~
		•				\$	\$
5. If over 30 cum	ulative, please pro	vide:				Click Here fo	or Memo Itemization
Occupation		Employer_					
Business Address							
Type of Contribution:	Direct	Loan fron	n a person	<u> </u>	Fund Raiser		
3. Contribution # 3	PAC Receipt?	YES	4. Date of R	teceipt _	3-11-14		
Herbert/Kathry 49 Benton Roa Saginaw, MI	đ					\$ 100 Click Here fo	s 100 r Memo Itemization
Occupation		Employer					
Business Address				·			
Type of Contribution:	Direct	Loan fror	n a person	<u>X</u> 1	Fund Raiser		
. Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date of F	Receipt _	3-14-14		
Thomas E. Sch 261 E Townling Auburn, MI	e Rd					S 25 Click Here fo	s 25 r Memo Itemization
Business Address							
Type of Contribution:	Direct	Loan from	m a person ·	F	und Raiser		
· · · · · · · · · · · · · · · · · · ·	<u></u>			-	Page Subtotal	225	
				Grand '	Total of All Schedules 1A	£	

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-26-14 Nar Martin/Ruth Jaffe M.D. 102 Boehringer Ct Bay City, MI 48708 5. Occupation Employer	\$ 25 Click Here fo	s 25 or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		•
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-14-14		
Mark/Kathy Janer 1701 Mosher St. Bay City, MI 48706	\$ 2500	\$ 25
5. If ov	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		•
Type of Contribution: Direct Loan from a person Fund Raiser		
PAC Receipt? YES 4. Date of Receipt 3-18-19 Retroficaura Ryder Con Ryder 601 N. Hampton Bay City, MI 48708 5. if over \$ Occupation Employer Type of Contribution: Direct Loan from a person Fund Raiser	S SO Click Here for	sSU Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3-12-14		
Marilyn Grigg 2421 Lakeview Ct. Bay City, MI 48706-9359	\$ 50	\$ 50
ļ	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		,
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	5495 Enter this total on line 3a of Summary Page.	-



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

14	0	7	4
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2. Committee Name Tom Hickner for County Executive

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Bay City Democrat		03/18/14	\$ 214.12
Address	Purpose: fund raiser expense	Date	
PO Box 278	Click H	lere for Memo	Itemization Type
Bay City MI 48706		, o, o , o, momo	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
^{Name} Stein Haus		03/18/14	\$ 1584.69
Address	Purpose: fund raiser expense	Date	
1020 N. Water	Click F	lere for Memo	Itemization Type
Bay City MI 48708	r		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
^{Name} Mailroom		03/18/14	\$ 342.53
Address	Purpose: fund raiser expense	Date	
3075 Shattuck	-		
Saginaw MI 48603	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	Statement	· · · · · ·	
Name Staples		0010714.4	•
Staples .	·	03/07/14	\$ 111.28
Address	Purpose: fund raiser expense	Date	<u>,</u>
4021 N. Euclid	Click H	lere for Memo	Itemization Type
Bay City MI 48706	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name US Postal Service		03/07/14	¢ 170 00
Address	Purpose: fund raiser expense	Date	\$ <u>170.00</u>
Washington Avenue	Click F	lere for Memo	Itemization Type
Bay City MI 48708	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
:	Subto	tal this page	2422.62
•	Grand Total of all S (Complete on last page		,
<u>.</u>	, , , , ,	•	

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

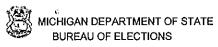
14	40	74
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2. Committee Name Tom Hickner for County Executive

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Bay City Democrat	·	05/15/14	\$ 128.26
Address	Purpose: fund raising expense	Date	<u></u>
PO Box 278		Jose for Memo	Itemization Type
Bay City MI 48707		Tere for Mellio	iternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		:
Expenditure #2		,	
Name			æ
Address	Purpose:	Date	\$
	Click F	tere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address	Purpose:	Date	\$
	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement		
Name			
Address	Purpose:	Date	\$
	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click F	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	128.26
<u>-</u>	Grand Total of all 5 (Complete on last page		2550.88

Enter this total on line 8a of Summary Page

Page 2 of 2



1. Committee I. D. Number <u>140747</u>

Tom Hickner for County Executive

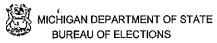
(For use by officeholders only)	· ·		
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:	membership	05/07/14	s 100.00
Friends of Celtic Culture		Date	φσσ.σσ
1204 Leng Street		Click for Memo Iten	nization Tyna
Bay City MI 48706		Olick for Metrio Ren	mzation Typo
	D.		
	Disbursement Code KO	·	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2	Purpose		
Name & Address:	see below	05/01/14	_{\$} 370.00
Tom Hickner		Date	
4821 E. Westgate		•	
Bay City MI 48706		Click for Memo Item	nization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement		···	
Disbursement # 3 Name & Address:	Purpose		050.00
	contribution/fund raiser	05/01/14	_{\$} -250.00
Schauer for Governor		Date	
PO Box 100			
Battle Creek, MI 49016		Click for Memo Item	ilzation Type
	Disbursement Code 10		
Check box if this disbursement is payment of debt or obligation			
reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		·
Name & Address:	benefit fund raiser	04/10/14	s-20.00
St. Mary's Church	- Bollone turia Talooi	Date	<u> </u>
607 E. South Union	·	Click for Memo Item	Sization Tune
Bay City MI 48706		Click for Mellio Ren	iization Typ e
	h		
Check box if this disbursement is payment of debt or obligation	Disbursement Code U U		
reported on previous statement	Fund Raiser	•	
		0.444444	
	V.	Subtotal this page	470.00
	Grand Total (Complete on las	of all Schedules 1C st page of Schedule)	_
	(2011)	.,	Enter this total
			on line 10a of

Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

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Page	of	, ,	



1. Committee I. D. Number 140747

(For use by officeholders only)

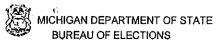
Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Schauer for Governor	Purpose fund raiser	02/24/14 Date	\$ <u>-50.00</u>
PO Box 100 Battle Creek MI 49016		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address: Brausch for State Representative	Disbursement Code	04/10/14 Date	ş <u>-50.00</u>
P.O. Box 2412 Midland, MI . 48641		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code 10		
Disbursement # 3 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706	Purpose see below	05/30/14 Date Click for Memo Itel	<u> </u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	-	
Disbursement # 4 Name & Address: Kildee for Congress PO Box 248 Bay City MI 48501	Purpose fund raiser	02/20/1 Date Click for Memo Iter	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser		pr
	Grand Tol	Subtotal this page tal of all Schedules 1C	508.90
	(Complete on	last page of Schedule)	

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



1. Committee I. D. Number	140747
Tor	n Hickner for County Executive

(For use by officeholders only)

2. Committee Name

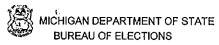
Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		
Brausch for State Representative	fund raiser	04/20/14	_{\$} -100.00
PO Box 2412		Date	
Midland MI 48641		Click for Memo Item	ization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 2	Purpose		
Name & Address:	fund raiser	05/01/14	_s -250.00
Ron Mindykowski for State Senate 804 S. Arbor	**************************************	Date	·
Bay City, MI 48706		Click for Memo Item	ization Type
		· ·	izaiion Typo
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeO		
Disbursement # 3 Name & Address:	Purpose		
	membership	05/07/14	_{\$} -30.00
NAACP Baltimore , Maryland	•	Date	
baltinore , Maryland		Click for Memo Itemi	zation Type
	Dishursement Code M U		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement			
Disbursement # 4 Name & Address;	Purpose		
	dinner (not candidate)	05/16/14	ş-28.90
Saginaw Bay Yacht Club 2313 Weadock Hwy Essexville, MI	*	Date Click for Memo Itemi	zation Type
•			
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code AO		
		Subtotal this page	
	Grand Total (Complete on las	of all Schedules 1C st page of Schedule)	

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



1. Committee I. D. Number 14074

(For use by officeholders only)

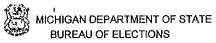
2. Committee Name ______ Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: American Express P.O. Box 360001, Ft. Lauderdale FL 33336-0001	Purpose See below	05/01/14 Date	\$ <u>820.91</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2	Disbursement Code Fund Raiser		
Name & Address: Lumber Barons 804 E Midland St	refreshments forvolunteers	03/18/14 Date	_{\$} -51.25
Bay City, MI 48706 Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code A C	ick for Memo Iten	nization Type
Disbursement # 3 Name & Address: Best Buy 4406 Bay Road Saginaw, MI	Purpose purchase of laptop computer	04/06/14 Date	§-466.36
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code C C		:
Disbursement # 4 Name & Address: Woodward Table 1426 H St NW Washington, DC 20005	Purpose dinner (not for candidate)	03/25/14 Date ck for Memo Item	• ¥
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code A O Fund Raiser		
	Sut Grand Total of all (Complete on last pag	ototal this page Schedules 1C re of Schedule)	S20,9) Enter this total on line 10a of

Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



(For use by officeholders only)

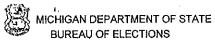
Tom Hickner for County Executive

(. c. dee by emberial e),			
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:	refreshments (not for candidate)	03/27/14	17 16
Quill at the Jefferson	refreshinents (not for candidate)		<u>\$-17.16</u>
1200 16th St NW		Date	
Washington, DC, 20036	CI	ick for Memo Item	ization Type
Tradimigram, D d, 2000			
	Λ Λ		
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement	Tunu ranson		
Disbursement # 2	Purpose		
Name & Address:	lunch (not for candidate)	03/27/14	_s -17.16
Afterwords Cafe	Tarion (not for carraidate)	Date	Ψ
1517 Connecticut Ave NW		Date	
Washington DC 20036	Cli	ak far Mama Itam	trotion Type
Tradimigran Be Edded	OII	ck for Memo Item	izanon Type
	Λ -		
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement	I did italsel		
Disbursement #3	Purpose		
Name & Address:	dinner (not for candidate)	03/29/14	_{\$} -56.76
National Democratic Club	diffici (flot for carratate)	Date	\$
		Date	
30 lyy Street			
Washington DC 20003	Cli	ck for Memo Item	zation Type
	Dishusaamant Carla A U		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Toportor on provided diagnosis			
Disbursement # 4	Purpose		
Name & Address:	refreshments (not for candidate)	03/29/14	_s -54.78
Capitol Lunge		Date	
231 Pennsylvania Avenue SE			
	Cli	ck for Memo Itemi	zation Type
Washington DC			
purpung	AU	-	
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
	Sul	ototal this page	
	Grand Total of al	Schedules 1C	
	Grand Total of al (Complete on last pag	je of Schedule)	
		•-	Enter this total

on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



1. C

Committee I.	D.	Number	140	1/

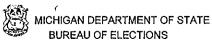
(For	use	bν	officeholders	only)
٠,	ν.	400	υ,	01110011010010	~,

Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a	5. Date	6. Amount of Disbursement
Disbursement # 1	disbursement code*) Purpose		
Name & Address:	refreshments (not for candidate)	03/29/14	s-19.48
Latitude 43 1013 N. Henry		Date	* <u></u>
Bay City MI 48706	С	lick for Memo Item	ization Type
	Disbursement Code A O		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 2 Name & Address:	Purpose		000.00
Tom Hickner	see below	07/16/14	_{\$} 369.00
4821 E. Westgate Drive		Date	
Bay City MI 48706	. c	lick for Memo Item	ization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 3 Name & Address:	Purpose	00/00// 4	445.00
Rotary Club	golf fund raiser	06/20/14 Date	_{\$} -115.00
PO 42		Date	
Bay City, MI 48707-0042	CI	lick for Memo Item	ization Type
	Ć O		
Check box if this disbursement is payment of debt or obligation	Disbursement Code G O		
reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:	postage	06/25/14	ş <u>-49.00</u>
US Postal Service		Date	4
Washington Avenue Bay City MI 48708	Cl	lick for Memo Item	ization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
	Su	ibtotal this page	369
	Grand Total of a (Complete on last pa	ill Schedules 1C	و سيا
	(Complete on last ba	90 01 001100010) [_	Enter this total

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS** SCHEDULE 1C

CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number

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- 1	┰	v		┰

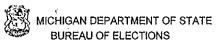
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Mackinac Associates Mackinac Island MI	Purpose G. Mennen Williams fundraiser C	06/21/14 Date	\$ -140.00 mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code 6 0		
Disbursement # 2 Name & Address: Studio 23 901 N. Water	Purpose fund raiser	06/17/14 Date	\$ <u>-50.00</u>
Bay City MI 48708		ick for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code GO		
Disbursement # 3 Name & Address:	Purpose	Date	\$
	CII	ck for Memo Item	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address:	Purpose	Date	. \$
	Cli	ck for Memo Item	ization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
	Sul	ototal this page	
	Grand Total of al (Complete on last pag	Schedules 1C ge of Schedule)	Enter this total

on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



1. Committee I. D. Number	140747		
T		· · · · · · · · · · · · · · · · · · ·	

(For use by officeholders only)

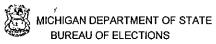
2. Committee Name Tom Hickner for County Executive

(For use by officeriolders offiy)	·		
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:	see below	03/10/14	s 650.44
Tom Hickner	366 061044	Date	\$ 000.44
4821 E. Westrgate			
Bay City MI 48706		Click for Memo Iten	nization Type
•	Disbursement Code		
Check box if this disbursement is payment of debt or obligation			
reported on previous statement	Fund Raiser		
Disbursement # 2	Purpose		
Name & Address:	Dinner (not candidate)	02/03/14	_s -26.80
Old City Hall	Diffice (not candidate)	Date	. •
814 Saginaw Street		Date	
Bay City MI 48708		Click for Memo Iten	nization Type
•			
	Diahuraamant Cada AU		
Check box if this disbursement is payment of debt or obligation	Dispulsement Code		
reported on previous statement	Fund Raiser		
Disbursement # 3	Purpose		
Name & Address:	fund raiser	02/20/14	_s -100.00
Kildee for Congress	74114 141001	Date	<u> </u>
PO Box 248			
Flint MI 48501		Click for Memo Item	sization Type
	•	Olicit for Memo Rem	nzadon 13po
	~	•	
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		Ì
Teported on previous statement			
Disbursement # 4	Purpose		
Name & Address:	Dinner (not candidate)	06/11/14	_{\$} -40.94
Stein Haus		Date	
1108 N. Water		Click for Memo Item	ization Type
			,
Bay City MI 48706			
_	AU		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
		Subtotal this page	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		-	650.44
	Grand Total (Complete on las	of all Schedules 1C st page of Schedule)	
•			Enter this total

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



VDIDATE COMMITTEE
(For use by officeholders only)

2. Committee Name

1. Committee I. D. Numb	_{ser} _140747
Т	om Hickner for County Executive

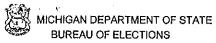
Summary Page

(, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:	fund raiser	07/29/13	s-50.00
Niedzinski for City Commission		Date	\$_00.00
321 S. Birney		Click for Memo Iter	mization Type
Bay City MI 48708		Short for morno to	medicii i ypo
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose .		
	stamps	07/09/13	_{\$} -46.00
US Postal Service	F-1	Date	•
Washington Avenue Bay City MI 48708			•
bay City Wil 40700		Click for Memo Iten	nization Type
	۸۰		
Chash hav if this dishuss mank is assumed at dake as ablimation	Disbursement Code HO		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement #3 Name & Address:	Purpose		
	refreshments (not candida	<u>ite) 08/13/14</u>	ş-22.09
Old City Hall		Date	
814 N. Saginaw Bay City MI 48708			
Day Oily Wil 40700		Click for Memo Iten	nization Type
	h		
П.,	Disbursement Code AU		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
	h		
Disbursement # 4 Name & Address:	Purpose		400.00
	fundraising raffle	<u> </u>	ş-100.00
Polish Falcons		Date	
1401 S. Grant		Click for Memo Item	nization Type
Bay City MI 48708			
	,		
П.,	Disbursement Code & U		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
	L J una raiser		
		Subtotal this page	•
	Grand Total (Complete on las	of all Schedules 1C it page of Schedule)	
	, ,	· • 7 L	Enter this total

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

Page _ 9 _ of _ 11



(For use	by	officeholders	only)
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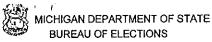
2. Committee Name Tom Hickner for County Executive

(For use by officeholders only)			
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Kildee for Congress PO Box 248 Flint MI 48501	Purpose fund raiser	06/29/13 Date Click for Memo Iter	\$ -100.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 2 Name & Address: Rotary Club PO Box 42 Bay City MI 48706	Purpose International Night	09/09/13 Date Click for Memo Item	\$65.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code CO		
Disbursement # 3 Name & Address: Basmadjian for City Commission 315 S. Kiesel Bay City MI 48706	Purpose fund raiser	10/09/13 Date Click for Memo Item	§-50,00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address: Panda House 1010 N. Niagara Saginaw MI	Purpose A-Team lunch	10/28/13 Date Click for Memo Item	· •
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code A O Fund Raiser	Cohlata Uhita nasa	
	Grand Total (Complete on la	Subtotal this page of all Schedules 1C st page of Schedule)	Enter this total

on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



1. Committee I. D. Number

140747	

(For use by officeholders only)

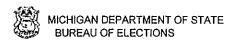
2. Committee Name

Tom Hickner for (County Executive
-------------------	------------------

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Debra Russell 1574 St. Mary's Court Essexville MI 48732	Purpose DATH E. H	04/16/14 Date Click for Memo Ite	\$75.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeO		
Disbursement # 2 Name & Address: CEDAM 1118 S Washington Ave Lansing MI 48910	Purpose fund raiser	04/21/14 Date Click for Memo Iter	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fo		
Disbursement # 3 Name & Address:	Purpose		<u> </u>
		Date Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Ralser		
Disbursement # 4 Name & Address:	Purpose	Data	_ \$
		Date Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
		Subtotal this page	115
	Grand Tota (Complete on la	l of all Schedules 1C st page of Schedule)	2934.25

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

14074

CANDIDATE	COMMITTEE
OMINDIDMIN	

Tom Hickner for County Executive

CANDIDATE COMMITTEE 2. C	committee Name	···· ·		
This Schedule itemizes:				
a Debts and obligations owed <u>by</u> or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o irpose checked.)	r forgiven <u>by</u> the cor	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Туре:	<u> </u>		
	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$		İ	FORGIVEN
If bank loan, name of endorser or guarantor:		\$	ount Endorsed: \$	
Debt #2 Corp? Yes		7410	Tark Endorsed: V =	1
Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$		\$
	\$	\$	<u> </u>	FORGIVEN
		<u> </u>		
if bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	<u> </u>		
	6. Original Amount of Debt:	\$	۱ پ	\$
	\$ ·	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	···
	↓	Page Subtotal	(Outstanding debt)	0
(Co	omplete on last page of Schedule s	Grand Total of the control of the co	of all Schedules 1E r to the committee)	Enter this total
				on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Schedu	le if there was an outstanding an	nount owed on it at the cle	osing date of	"owed to" of the

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number

14074

...... Tom Hickner for County Executive

		2. Com	millee Name	
	- USE	A SEPARATE SH	EET FOR EACH EVENT	•
3. Date Event Was Held	or Particip	r of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
03/14/14	greater)	79	reception	Stein Haus 1108 N. Water Bay City MI 48708 Private Residence
7. Total Contributions		\$5,495.00		
8. Other Receipts		\$0,00		
9. Gross Receipts (Add lines 7	and 8)	\$5,495.00°		
10. Total Cost of Event (Total Cost includes In-Kind Co	ntribution	\$2,533.88 and All Expenditures	Made For the Event)	
` 11.				
Co-Sponsor(s)		Contribution S (%)	Split	Expenditure Split (%)
	_			
<u> </u>	.		· · · · · · · · · · · · · · · · · · ·	
	_			
	-			
		,		
The committee is require period covered by the Committee.			er Schedule for each fund rais	ing event held during the

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page _1 ___ of _1 ___